POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/583,731
	Filing Date	February 19, 2008
	First Named Inventor	Bakulesh M. Khamar et al
	Title	VACCINE ADJUVANTS
	Art Unit	1645
	Examiner Name	Rodney P. Swartz
	Attorney Docket Number	43939-1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| 26486 |

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.
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☐ The address associated with Customer Number:
OR

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Address	
City		State		Zip	
Country	
Telephone		Email	

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	*(signature)*		Date	01-SEP-2010
Name	Bakulesh M. Khamar		Telephone	91 2718225001
Title and Company	Cadila Pharmaceuticals Limited Executive Director			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of ___1___ forms are submitted.